Saskatchewan Ministry of Health
Drug Plan and Extended Benefits Branch

May 1, 2010
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SASKATCHEWAN FORMULARY BULLETIN

Update to the 60th Edition of the Saskatchewan Formulary

New Full Formulary Listing Effective May 1, 2010:

Azarga (brinzolamide/timolol maleate) 1%/0.5%, ophthalmic suspension (ALC)

Insupen (needle) 29 Gauge 12mm, 30 Gauge 8mm, 31 Gauge 6mm, 31 Gauge 8mm, 32 Gauge 6mm, 32 Gauge 8mm, needle (DRX)

Novo-Finasteride (finasteride) 5mg, tablet (NOP)

pms-Desmopressin (desmopressin) 0.1mg and 0.2mg, tablet (PMS)

pms-Finasteride (finasteride) 5mg, tablet (PMS)

ratio-Finasteride (finasteride) 5mg, tablet (RPH)

Sandoz Finasteride (finasteride) 5mg, tablet (SDZ)

Xamiol (calcipotriol/betamethasone dipropionate) 50mcg/0.5mg/g, gel (LEO)

New Exception Drug Status (EDS) Listings Effective May 1, 2010:

Omnitrope (somatropin) 5mg and 10mg, injection (cartridge) (SDZ)
For treatment of children who have growth failure due to inadequate secretion of normal endogenous growth hormone.

Silhouette (infusion set) 13mm and 17mm, cannula (MOC)

Sure T (infusion set) 6mm cannula/18" tubing, 6mm cannula/23" tubing and 8mm cannula/23" tubing, cannula/tubing (MOC)

Xeomin (clostridium botulinum neurotoxin type A) 100U/vial, powder for solution (MRZ)
(a) For treatment of blepharospasm.
(b) For treatment of cervical dystonia, that is spasmodic torticollis.

New Presentation of EDS Listing Effective May 1, 2010:

Apidra (insulin glulisine) 100 U/ml (cartridge 5 x 3ml), solution for injection (AVT)
(a) For treatment of Type 1 diabetes.
(b) For treatment of difficult to control Type 2 diabetes in patients who have not responded to alternative insulin agents listed in the Formulary.

New Full Formulary Listings Effective April 12, 2010:

Toloxin (digoxin) 0.0625mg, 0.125mg and 0.25mg, tablet (MMT)

New Full Formulary Listings Effective March 1, 2010:

Apo-Metronidazole (metronidazole) 500mg, capsule (APX)

pms-Prochlorperazine (prochlorperazine) 5mg and 10mg, tablet (PMS)

Drugs Reviewed and Not Recommended:
The Committee supports the CEDAC recommendation that the following products not be listed:

Pristiq (desvenlafaxine) 50mg and 100mg, extended-release tablet (WYA/PFI)

Inspra (eplerenone) 25mg and 50mg, tablet (PFI)

Drugs Reviewed and Not Recommended for the treatment of Clinically Isolated Syndrome (CIS) Multiple Sclerosis:

Copaxone (glatiramer acetate) 20mg (pre-filled syringe), injection (TVM)

Rebif (interferon beta-1a) 22mcg and 44 mcg, pre-filled syringe (SRO); **Rebif Initiation Pack** (interferon beta-1a) 8.8mcg/0.2ml (6)/22mcg/0.5ml (6) (SRO)

Avonex (interferon beta-1a) 30mcg, powder for injection, 30mcg (BGN); **Avonex PS** (interferon beta-1a) 30mcg, pre-filled syringe (BGN)

Betaseron (interferon beta-1b) 0.3mg (3 ml) (9.6 MIU), powder for injection (BEX)

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Saskatchewan
Health
Drug Plan and
Extended Benefits Branch

Pharmacy Information
Bulletin #478
April 29, 2010

Formulary & EDS Updates

Effective ***March 1, 2010*** the following products will be listed as benefits in Saskatchewan:

***Metronidazole**				
Apo-Metronidazole	500mg capsule	02248562	0.7028	
***Prochlorperazine**				
pms-Prochlorperazine	5mg tablet	00753661	0.1108	
pms-Prochlorperazine	10mg tablet	00753637	0.1355	

Effective ***April 12, 2010*** the following products will be listed as benefits in Saskatchewan:

***Digoxin**				
Toloxin	0.0625mg tablet	02335700	0.2598	I/C
Toloxin	0.125mg tablet	02335719	0.2598	I/C
Toloxin	0.25mg tablet	02335727	0.2589	I/C

Effective ***May 1, 2010*** the following products will be listed as benefits in Saskatchewan:

Brinzolamide/timolol maleate				
Azarga	1%/0.5% oph susp	02331624	4.5600	
Calcipotriol/betamethasone diproprionate				
Xamiol	50mcg/0.5mg/g gel	02319012	1.4973	
Clostridium botulinum neurotoxin type A				
Xeomin	100U/vial pwd sol	02324032	367.5000	EDS
***Desmopressin**				
pms-Desmopressin	0.1mg tablet	02304368	0.9913	I/C
pms-Desmopressin	0.2mg tablet	02304376	1.9826	I/C
***Finasteride**				
Novo-Finasteride	5mg tablet	02348500	0.9265	I/C
pms-Finasteride	5mg tablet	02310112	0.9265	I/C
ratio-Finasteride	5mg tablet	02306905	0.9265	I/C
Sandoz Finasteride	5mg tablet	02322579	0.9265	I/C
Insulin glulisine				
Apidra (cartridge)	100U/mL inj susp	02279479	51.5100	EDS
☒ Somatropin				
Omnitrope	5mg injection (vial)	02325063	169.0500	EDS
Omnitrope	10mg injection (vial)	02325071	338.0900	EDS

Additional Insulin Pump Supplies effective May 1, 2010:

Infusion set			
Silhouette	13mm cannula	97799529	16.80 EDS
Silhouette	17mm cannula	97799528	16.80 EDS
Sure T	6mm cannula/18" tubing	97799521	16.80 EDS
Sure T	6mm cannula/23" tubing	97799520	16.80 EDS
Sure T	8mm cannula/23" tubing	97799519	16.80 EDS

Additional Diabetic Supplies effective May 1, 2010:

Needle			
Insupen	29 Gauge 12mm needle	97799566	0.2279
Insupen	30 Gauge 8mm needle	97799567	0.2279
Insupen	31 Gauge 6mm needle	97799569	0.2279
Insupen	31 Gauge 8mm needle	97799568	0.2279
Insupen	32 Gauge 6mm needle	97799571	0.2713
Insupen	32 Gauge 8mm needle	97799570	0.2713

Exception Drug Status Criteria

Effective ***May 1, 2010,*** the following products will be available for coverage under Exception Drug Status (EDS) according to the currently listed criteria:

clostridium botulinum neurotoxin type A, powder for solution, 100U/vial (Xeomin-MRZ)

a) For treatment for blepharospasm.
b) For treatment of cervical dystonia, that is spasmodic torticollis.

insulin glulisine, solution for injection, 100U/mL (5x3mL cartridge) (Apidra-AVT)

a) For treatment of Type 1 diabetes.
b) For treatment of difficult to control Type 2 diabetes in patients who have not responded to alternative insulin agents listed in the Formulary.

somatropin, injection (cartridge), 5mg, 10mg (Omnitrope-SDZ)

For treatment of children who have growth failure due to inadequate secretion of normal endogenous growth hormone.